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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re application of: Hoffman et al.

Attorney Docket No.: VISAP026

Application No.: 09/587,092

Examiner: Borlinghaus, Jason M.

Filed: May 31, 2000

Group: 3628

Title: SMARTCARD TRANSACTIONS USING  
WIRELESS TELECOMMUNICATIONS  
NETWORK**RECEIVED  
CENTRAL FAX CENTER****OCT 23 2006**

CERTIFICATE OF FACSIMILE TRANSMISSION  
I hereby certify that this correspondence is being transmitted to the U.S.  
Patent and Trademark Office, Central Facsimile Telephone number (571) 273-8300 on  
this day October 23, 2006 addressed to Examiner BORLINGHAUS, Jason M.

Signed:   
Ann LoweREPLY ICommissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 23, 2006, a response to which is due October 23, 2006, with a two-month extension of time, please enter the following amendments and remarks:

10/24/2006 TL0111 00000074 500388 09587092  
01 FC:1252 450.00 DA

OCT-23-2006 17:10

FROM-BEYER WEAVER THOMAS

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T-329 P.002

F-578

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Signed: \_\_\_\_\_

Ann Lowe

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. The fee has been  
calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	13	MINUS	22	0	x 25 =	x 50 =
Independent Claims	4	MINUS	6	0	x 100 =	1 x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$0	

- ☒ Applicant(s) hereby petition for a two-month extension(s) of time to respond to the  
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is  
determined that such an extension is required, Applicant(s) hereby petition that such an extension  
be granted and authorize the Commissioner to charge the required fees for an Extension of Time  
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ to cover the additional  
claim fee and/or extension of time fees.
- ☒ Please charge the required fee of \$450.00, and any additional fee(s) required to facilitate filing the  
enclosed response, to Deposit Account No. 500388 (Order No. VISAP026).

Respectfully submitted,  
BEYER WEAVER & THOMAS, LLPJonathan O. Scott  
Reg. No. 39,364P.O. Box 70250  
Oakland, CA 94612-0250